



Practice with Young People - The Interventive Relationship

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**Title: The Process Toward Change: The Relationship in Practice with
at Risk Young People.**

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Abstract

This paper presents the theoretical underpinnings of a particular type of working alliance, the ‘Interventive Relationship’ (IR), based on empirical analysis of case study evidence from a voluntary organisation in Northern Ireland working with at risk young people in the community. Third sector organisations play a valuable role offering hands-on interventional activities with at risk groups. These organisations exist in a context of austerity where funding difficulties place operational pressures on programme delivery, when there is pressure for outcomes, evidence and accountability and as a result a negative impact on interactions founded on process and relational approaches.

This case study presents the findings of a study in one third sector organisation. It examines the validity and purpose of “*relationship based and process led approaches*” and proposes a model for articulating change in multi-disciplinary practice with at risk young people. The paper articulates and expands on a distinction between the use of self in therapeutic counselling and in multi-disciplinary social and youth work settings. Using case study methodology the evaluation examined respondent perceptions about the process and depth of interaction between worker and service user and the study articulates the essential factors required to create conditions that contribute to positive change with subsequent risk reduction and increased resilience. Data was collected using purposeful sampling and interviews across the organisation (N=19), literature and relevant documents were thematically examined and practice observation completed in a number of settings. The Interventive Relationship (IR) is presented as a five stage sequential model,

(foundation, preparation, developing/negotiation, synthesis/unity point, autonomy/independence and finally quantitative/qualitative outcomes. The paper articulates the essential ingredients and necessary conditions for transformative learning or change process through the Interventive Relationship (IR) and the model is illustrated and presented diagrammatically.

Keywords: Interventive Relationship; qualitative outcomes; elements; working alliance; resilience;

Introduction

The context of the case study was Extern, an organisation providing services for young people, adults and families at risk across Northern Ireland and the Republic of Ireland in partnership with the statutory and other voluntary sector organisations. The article presents theoretical development of a particular type of alliance, the ‘Interventive Relationship’ (IR). It presents the relational approach articulating the characteristics and necessary conditions for effective process of change with clients. In presenting a model, the Interventive Relationship (IR), the aim is the articulation of the worker-client relationship, conditions required for the formation of the alliance and process toward achieving qualitative outcomes that may result from collaborative work between client and worker.

Relationship, Rapport and Alliance in Practice

Professional disciplines in the social sciences, such as youth work and social work, are predicated upon a helping relationship, centred on the worker use of self and the establishment of an alliance dedicated to the education, well-being, promotion of health and personal and social development of service users. As relational disciplines the practice and programmes of social and youth work draw heavily upon counselling theory, therapeutic concepts and skills, including the use of self (Wosket, 2001) (Baldwin, 2013) and working alliance (Zetzel 1956, Bordin, 1976). A successfully established helping relationship or alliance creates a rapport, facilitates the establishment of contract and allows for the development of a collaborative engagement with the aim of enabling improved awareness, empowerment of self and transformative learning for clients. Due to its usefulness

the working alliance has also become the foundation of individual and group based social and youth work interventions that are aimed toward formal and informal education and social or personal development. These *relationship based and process led approaches* aim to support a process for change, for risk reduction, for improved resilience in clients and are the foundation for interventions in multi-disciplinary practice with at risk young people.

In the UK and Northern Ireland, third sector organisations are commissioned to deliver services on behalf of state agencies and play an invaluable role, offering hands-on interventional activities with at risk groups; however, these organisations exist within a funding context which places operational pressures on interactions between worker and clients and indeed, outcomes, evidence and accountability are fundamental to such organisations gaining funding. Articulating the characteristics, validity and purpose of “*relationship based programmes*” to the satisfaction of funding bodies can be a difficult task and this case study presents the findings of a study in the Extern organisation with an examination of the relationship in practice with at risk families and young people. It is the case that a focus on the achievement of outcomes can offer standardised measurements on certain criteria. It can also be the case that a focus on outcomes can fail to consider, document or facilitate the importance of relationship development, the working alliance in process work and the contribution it makes toward change, a gap which this paper aims to address.

Relationship in Social Sciences

Mc Mullin (2017) considers relationship building as an intervention and the foundation to good practice (2017). Across disciplines the rapport between worker and client is essential. In Community youth and social work agencies, pressure and demand prioritise interventions, assessment and service delivery resulting in limited time for relationship building. More than an intervention, building relationship requires advanced macro and micro skills and successful alignment between worker and service user and is dependent on worker qualities, characteristics, level of self-awareness and the interest and capacity for developing the same. Most importantly relationship building requires capacity, space and time regardless of the context in which service delivery takes place.

Counselling and Helping Skills-The distinction

The effective use of helping skills in youth and social work programmes can improve emotional literacy, knowledge and social competence and improve resilience for those at risk. Whilst helping skills and therapeutic counselling have in common the creation of an environment, in which the client seeks positive change and a more meaningful connectedness both intra- and inter-personally; what distinguishes the two is the purpose and depth of the engagement.

There is a contractual distinction in the collaborative and complex venture of counselling requiring expertise, knowledge and skills in its interventions and exploration toward improved understanding of the self. This distinction between therapeutic counselling, the use of counselling skills, and the concept of helping is an important one in clearly defining purpose, method, content and boundaries in social programmes offered by the disciplines of youth work, social work and education. There is some debate in social sciences about the nature of relationship and its changing status in the face of economic challenges, yet research demonstrates that process and relationship, accessibility and timing, feedback and evaluation and offering a client centred flexible service are factors that contribute to the quality and success of therapeutic practice and programmes. Cognitive Behavioural Therapy, psychodynamic and humanistic counselling models were found to have similar outcome profiles for improvement and recovery in moderate severity clients across a number of studies. (Stiles et al 2006, 2008)(Mellor-Clark:2017).

Helping skills in community, social work and multi-disciplinary contexts use an integrative training model based on the aforementioned therapeutic disciplines and utilise the knowledge base and skills in practice founded on a dominant characteristic that is relational and interpersonal with approaches that are primarily nurturing and supportive, with a basis of mutual trust.

Recent developments, austerity and funding constraints has generated debate about a change in approach resulting in a worker to client relationship that is more contractual and service oriented, with an emphasis on a transactional and economically driven basis for intervention (Ruch :2010) and subsequently this not only impacts the type of engagement, but also the quality of engagement.

Organisation and practice

Extern as a multidisciplinary organisation can be considered as creating a third space, (David Cracknell, and Zeichner, Homi Bhaba, Aoki) that space between professionals that creates a shared language and new thinking in organisations. “Third Spaces”, as Bhaba states are ‘Sites’ where practitioners can think and develop, individually and collectively, and where the process of change could be nurtured, drawing on but not constrained and dominated by, the influence of current practice or the requirements of policy to initiate ‘solutions’ to ‘problems’ (2009). The nineties witnessed the growth of research exploring organisational responses in an ever changing environment. (Senge: 2006, Squirrell: 2012) and at the present time organisations are required to be responsive and proactive, essential in the current changing context of austerity and competition for funding.

An organisational culture will determine the conditions that either support relational or outcome driven practice. Establishing a relevant contract requires persistence, and commitment in targeting and engaging high risk clients. It necessitates flexibility (attending to client process and pace) and must be evidence based in its practice. Multi-disciplinary approaches in organisations must develop a shared language, a collaboration of knowledge in developing practice and transformative learning programmes. Inevitably the organisation must balance organisational and funder demands and as stated above, the current austerity and funding context, clearly exerts pressure for time limited projects, clear project cut offs, deliverables and measurable outcomes. This creates a focus exclusively about outcomes; neglects process and can have a significant negative impact on the quality of contact for the organisation and consequently its practice with clients. The need for organisations to be proactive and adaptable, whilst essential, requires clarity of vision and ethos to ensure the fundamental principles of client centeredness, relational based interventions and process engagement are not to be compromised.

Introducing the Interventive Relationship (IR)

“Staff and young people share experiences and contact with the whole family is collaborative” (Youth Worker)

The **Interventive Relationship** is defined as a *“focused creative relationship involving a range of skilled interventions aimed at supporting a process of change”*.

(Friel: 2010); IR is collaborative and a partnership with a mutual consensus aimed at risk reduction and improved resilience.

The stages of IR

Designed from the findings and thematic analysis of data, the IR model is articulated as five stages; foundation, negotiating, unity, autonomy, and outcomes. Central to the model is the worker and their awareness of purposeful and relational practice and the client-worker collaboration within the organisation and wider context. Each stage of the model is underpinned by key principles and the five stage approach offers a method of articulating purposeful relational practice, the model is transferable and can be replicated across a range of programmes and settings

Stage 1: Foundation

The first stage is foundation or ‘preparation for change’ with the focus aimed at understanding the context of the referral, its review, allocation and initial contact between worker and client which can take place in a diverse number of settings (family context, residential settings, office and community locations) and including group or individual activities. This initial stage is one of attending, establishing rapport and setting initial parameters of the working alliance. Confidence, experience, and capacity to create depth, authenticity, and openness are emphasised as critical qualities, with a need for flexibility and attention to evidence based practice as important factors.

Figure Two: Interventive Relationship (IR) Poster



Stage 2: Negotiating

"The collaboration between ourselves and young people is hard to articulate, we have a collaborative relationship with the young people individually, at residential, in groups, during activities and we praise them...like any child" (social worker)

The principles underpinning stage two are determination, a commitment to high frequency contact and persistent engagement by staff aimed at a depth of rapport, empathy, knowledge, and assessment of client issues and needs. The worker plays a core role in case managing and negotiation of the IR. This stage there is frequent renegotiation, contracting, review of interventions and clarifying and reviewing the purpose and objective of IR for the client.

The organisational context will facilitate or inhibit stage two negotiations and it is crucial at stage two that the agency has an appreciation of the importance of process in relationship development. In addition the client must be valued as an active participant in the process of voluntary engagement based on principles of a democratic and exploratory approach. Stage 2 is nurturing, affirming demonstrating persistence that staff will "not give up" with identified crucial factors for stage 2 of respect, validation, consistency and genuine interest. Trust is required (Lambert 1992), attending to the client's experience and presiding as an ally (Diamond et al

1999). Research confirms that an exploratory, democratic and less directive approach is more positively received (Church 1994) in practice with young people.

“It is caring, nurturing, listening, supporting, warmth, positive regard and real”
(youth worker).

The relationship begins to involve a collaborative effort that emphasises mutually agreed goals and tasks within the context of a strong affective bond. The practical, hands-on activities, such as swimming, daytrips etc. serve to scaffold the negotiation between workers and clients.

“Through individual work and group work we facilitate a conversation. We have an ethos...it is facilitating, questioning, with boundaries, not reactive and it is open” (Social worker)

Pain based attitudes and behaviour including poor self-worth, self-loathing and disrespect of self can present as reluctance and resistance to engage, a pushing against support and challenging interactions. Stage 2 of IR is critical and cannot be time limited, is often resource intense with intervention roles in negotiation aimed at progressing to the unity point at stage 3.

Stage 3: Unity Point

“We create an alliance. It is subtle but deliberate, the client asks, “Am I safe”? When they feel trust, change happens”. (Counsellor)

Unity point in IR is the moment when the client considers an alternative perspective on their views and place in the world, a transformation co-created by worker and client within the context of the alliance. The unity point enables old patterns to fall away and the transformative space to arise where the client can reflect on and apply new experience and knowledge in the affirmed, positive space created through IR. This is the space where practitioner and client can think and develop, and where the process of change is nurtured and supported. Important factors at this stage is the capacity for presence, advanced and accurate empathic attunement, consistency and ensuring the client feels heard and supported in their change process and uniquely is

the focus on creating effective boundaries in tuning into the clients experience. It is critical to note that it is likely that clients may experience more than one unity point in their engagement with IR and progression is highly personal and often gradual, but at times can be immediate.

“By aligning and sharing of self, we share their experience...change comes from that boundary” (Youth Worker)

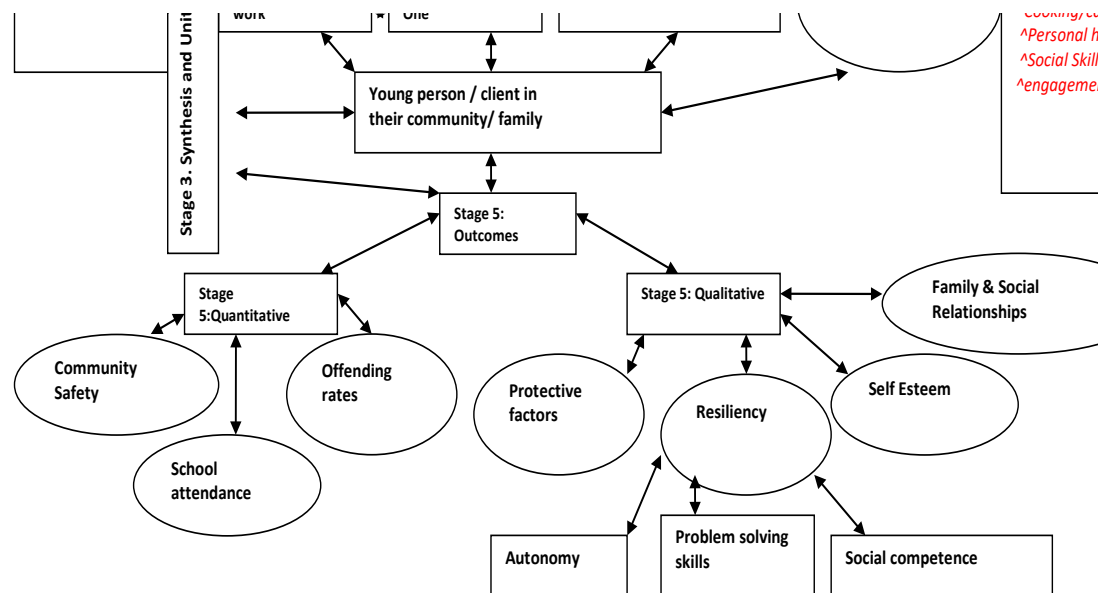
Stage 4: Autonomy

Stage 4 focuses on training, group and individual supported activity engagements, including family, in care and residential settings and involving activities such as: sports, leisure, social skills, outdoor skills, arts and crafts, cooking and personal care skills. Here the client becomes involved in more explicitly agreed objective and goal setting for the client's desired change. Brendtro (2006:28) argues that young people at risk can be taught qualities such as responsibility, hope and courage. Assessment findings indicate that many young people who access the services lack that significant adult in their lives and resilience can only develop through IR. Interventions and engagements occur using a range of methods including; structured family work and therapy, informal family support, crisis interventions, group work, individual listening and social skills work in community settings. The process at stage four focuses on a review of training, attitudes and acquired skills. Benefits and improved autonomy with corresponding increase in confidence and self-worth is the aim of this stage and the IR.

Stage 5: Outcomes

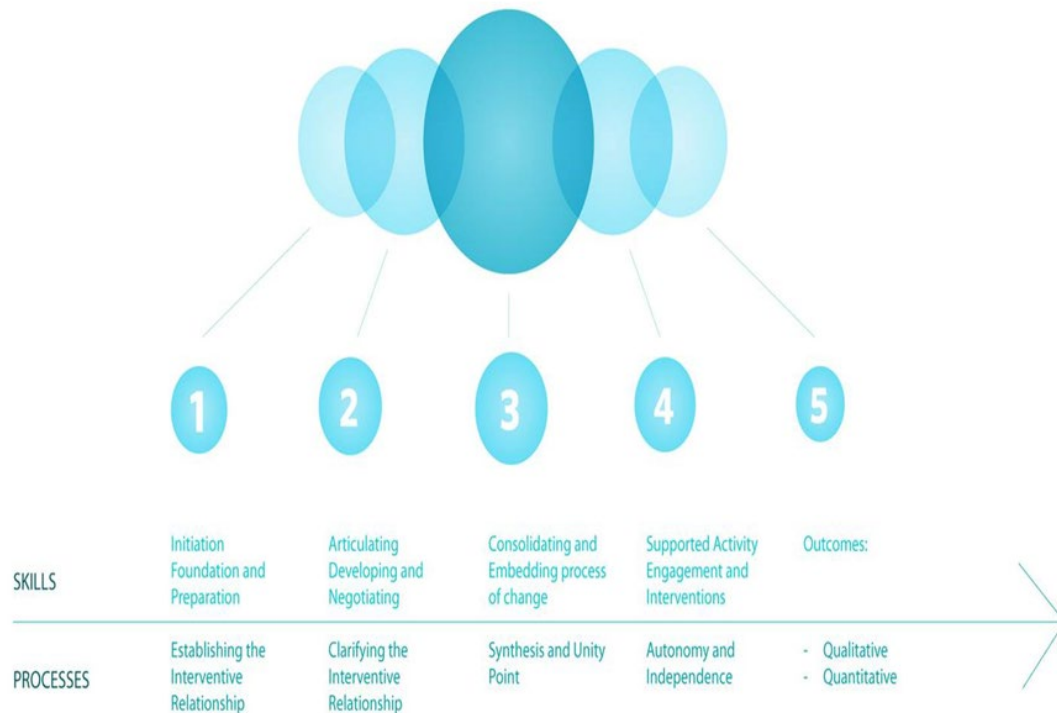
“It is difficult to measure what is not physically there”. (Youth Worker)

Detecting, articulating and measuring qualitative relational practice in social and youth work disciplines presents a range of problems, however evidence arising from the evaluation identified the ingredients required for IR, findings allowed for the developing of a model and how a purposeful interventive relationship impacts quantitative and qualitative measurement of outcomes as seen in figure one.



In creating the correct conditions through the IR at stages 1 – 4 the change process can be evidenced by measurable outcomes with possible comparison between quantitative outcome measurements (offending rates, community safety and school attendance) and improved resilience and critical qualitative outcomes including improved protective factors, improved family and social relationships, resilient achievements; problem solving skills, autonomy, social competence, improved self-worth and self-esteem.

Figure Three: Summary model



Conclusion

The Interventive Relationship (IR) has rapport at its foundation, a working alliance and essential elements or characteristic for facilitation of change and improved resilience for at risk service users. Based on case study analysis of data from Extern organisation, a third sector C&V agency in N.I., the study has both strengths and limitations in articulating how change and relational approaches are facilitated in a model. When working with young people there is a clear need to establish and maintain the relationship (Prever 2010) and it is evident that young people respond to and value qualities and behaviour, including humour and honesty, in relationships with adult helpers (Brendtro and Larson 2006), requiring organisations to provide suitable settings for the expression of these traits from their staff.

The interventive relationship is defined as a “*focused creative relationship involving a range of skilled interventions aimed at supporting a process of change*”. (Friel: 2010). This paper presents evidence that, with correct conditions, IR focuses on the client and creates a transformative experience which can support growth and

change. The evaluation was small scale and the case study therefore cannot be considered exhaustive in gathering data from a range of sources. The authors recognise that replicating the findings and the validity of the evidence in the study is limited by the reliance on respondents self-reporting as a measure of activity. The aim is to create the IR model in order to clarify its nature and characteristics and how it moves a client forward.

The 'unity point' or a connection that occurs between worker and client enables the process of change to take place. In addition evidence demonstrates that the experience of merger, reachable through attunement, and creating the correct conditions enable personal growth, development and improved resilience. Empathetic attunement occurs within the full context of the interventive relationship, and this unity point gives rise to the possibility of transformation and change for the client.

To articulate this process requires a repositioning of emphasis into a more qualitative and subjective conversation about what takes place between staff member and client, the transformative process they witness in young people because of relational practice. Such transformative processes they found difficult to articulate to the satisfaction of generic recording requirements, but what is experienced is a process which improves resiliency for young people, enables a process of change, outcomes to be met and risk reduced.

The transferability of the Interventive Relationship (IR) model across disciplines can inform engagement and the development of practice, particularly with those requiring targeted intervention and considered difficult to engage. It is a useful endeavour to support the articulation of the process described, and in the current period of austerity and funding difficulties, it is essential to advocate the necessity of process and relationship in improving the lives of families, young people and communities at risk.

The potential arising from a purposeful use of the self, capturing the nature and process of engagement and the relational approach can enhance practice with young people. Relational practice, with its subtlety, depth, intrinsic nature and ingredients is difficult to articulate, demonstrate and describe as the process is complex. What

is essential however, is defending and advocating the importance of relational based approaches in programmes aimed at improving outcomes and resilience in multi-disciplinary practice with young people.

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